

- 2 -

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			CLAIMS			IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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49															99							
50															100							
TOTAL IND.	3														TOTAL IND.							
TOTAL DEP.	77															77						
TOTAL CLAIMS	20															20						